



FACULTY OF | UNIVERSITY OF
MEDICINE | **CALGARY**

**TASK FORCE ON FAMILY
MEDICINE AS A CAREER
CHOICE**

UNIVERSITY OF CALGARY FACULTY OF MEDICINE TASK FORCE ON FAMILY MEDICINE AS A CAREER CHOICE

Background

Given that

- the Faculty of Medicine has a social responsibility to educate its graduates to meet the health care needs of the people of Alberta, and
- there is a major shortage of primary care/family physicians (both in rural and urban areas) in the province of Alberta, and
- during the past three years (2005 – 2008), the percentage of our graduates choosing to pursue family medicine as a career has dropped from 32.5% to 18.4% (Canadian Resident Matching Service) and
- in Alberta there is a general consensus that the physician workforce should consist of equal numbers of primary care/family physicians and specialists;

Dr Bruce Wright, Associate Dean, Undergraduate Medical Education proposed that the Faculty of Medicine establish a Task Force to develop a series of recommendations to meet the goal that each year half of our graduating students will choose to enter careers in family medicine.

This proposal was presented to the Leadership Forum in September 2008 where it was fully supported. Following that meeting the Task Force was put in place.

Objective

To develop a series of recommendations for the Associate Dean, Undergraduate Medical Education, to be adopted to meet the goal that each year half of our graduating students will choose to enter careers in family medicine.

Members of the Task Force

- Keith Brownell MD FRCPC, Professor of Clinical Neurosciences & Medicine (Chair)
- Sylvain Coderre MD FRCPC, Assistant Dean Undergraduate Medical Education
- David Keegan MD CCFP(EM), Undergraduate Education Director, Department of Family Medicine
- Doug Myhre MD CCFP FCFP, Associate Dean, Distributed Learning and Rural Initiative
- Pamela Veale MD FRCPC, Chair, Curriculum Design & Implementation Committee
- Ian Walker MD CCPC(EM), Director of Admissions and Financial Aid

- Wayne Woloschuk PhD, Director of Program Evaluation, Undergraduate Medical Education
- Class of 2010
 - Nadia Shehata
 - Eric Jablonski
- Class of 2011
 - Adam Bryant, VP Academic
 - Amber Jorgensen, Executive Member of Family Medicine/Rural Medicine Interest Group
 - Bobby Pomerleau, Co-Chair of Family Medicine/Rural Medicine Interest Group

Assumptions

1. There is strong support from the Leadership Forum of the Faculty of Medicine for such an effort. This would imply that Faculty resources will be directed towards meeting this goal.
2. There is local, provincial and national agreement that there is a significant shortage of family physicians in both urban and rural areas throughout the country.
3. There is no need to do further studies to attempt to define the magnitude of the deficit of family physicians in the province of Alberta.
4. There are many factors (eg remuneration, life style, perceived prestige of a family medicine career within the population at large) which impact on career choice for physicians over which the Faculty of Medicine does not have control, therefore these will not be addressed.
5. The Task Force will focus its activities on factors over which the Faculty of Medicine has control. These factors include admissions policy and curriculum.
6. The final report to the Associate Dean, Undergraduate Medical Education will focus on the recommendations rather than on all the background material (see Appendix).
7. Family medicine is the foundation on which the delivery of medical care in Canada is based.
8. Family medicine physicians must continue to fill key roles in the existing health care system.
9. All physicians associated with the Faculty of Medicine have a responsibility to teach.
10. There will be adequate numbers of ministry funded residency positions to accommodate the 50% target.

Timelines

- I. September 8, 2008 - presentation to Leadership Forum.
- II. Organizing the membership of the Task Force
- III. October to December - data-gathering and draft of a preliminary report for consideration by the Task Force at meetings on the following dates:
 - a. January 13, 2009
 - b. January 27, 2009
 - c. February 10, 2009
 - d. February 24, 2009
 - e. March 10, 2009
- IV. March 30, 2009 - Submission of final report to Dr. Bruce Wright, Associate Dean, Undergraduate Medical Education.

Recommendations

For the Leadership of the Faculty of Medicine

For these recommendations to be successful a concerted effort by all faculty members will be required. However, the role of the Department of Family Medicine will be key in achieving this success.

1. Implement the 50% target for the class which will graduate in 2013.
2. Continue the aggressive advocacy for this effort in all external constituencies.
3. Relocate the Department of Family Medicine undergraduate leadership and support staff to the Health Sciences Center. The chosen location needs to be one that is highly visible and readily accessible to the year I and II medical students.
4. Increase the size of faculty, oriented toward undergraduate education, in the Department of Family Medicine to ensure that the many recommendations directed towards the department can be met.
5. Ensure that Faculty communication/promotional materials highlight clinical, academic and other achievements of family physicians.
6. Highlight the 50% target repeatedly to all faculty and departments to ensure that all faculty are aware of this important target.
7. Review the Terms of Reference for all Faculty committees, with broad decision making authority within the Faculty, to ensure there is Family Medicine representation on them.
8. Provide progress reports, through the Associate Dean, Undergraduate Medical Education, to Faculty Council and the Council of Associate Deans Education every 4 months on the progress of the implementation of these recommendations.

For Admissions

At all levels of the admissions process, faculty involvement should be generally balanced as follows: 50% family medicine, 50% non-family medicine.

9. Change the terms of reference of the admission committees as follows:
 - o Planning Subcommittee - at least two members of the Planning Subcommittee come from a Family Medicine background.
 - o Selection Subcommittee – restructure as follows:
 - ¼ community members
 - ¼ students or residents
 - ¼ family physicians
 - ¼ other faculty
 - mandate that each applicant’s file be reviewed by at least one family physician
 - ensure that at least one member of the Multiple Mini Interview committee be a practicing family physician.
10. Review the system for screening applicants to ensure that changing societal needs are considered in the process.
11. Periodically review and revise the list of Faculty approved attributes upon which admission decisions are based to ensure the inclusion of attributes that have been shown to favor choosing a career in Family Medicine.
12. Monitor issues related to student debt and family of origin income to ensure that these factors are not negatively impacting the admissions process, especially for students who wish to pursue Family Medicine as a career.
13. Continue and further enhance outreach programs to rural and regional high schools.

For Curriculum

14. Ensure there is a member from the Department of Family Medicine on all Course Planning Committees.
15. Review all case studies used in seminar teaching to ensure family medicine practitioners and the work they do is highlighted positively and that the approach to the case studies be based on a family medicine perspective wherever appropriate.
16. Course committees explore their curricular maps for areas clearly within the domain of Family Medicine and actively partner with the Department of Family Medicine to have family physicians teach these subjects/topics in full class presentations and other teaching formats.
17. Maintain the discipline specific clerkship in Family Medicine at 6 weeks.

18. Develop and implement a longitudinal half-day Family Medicine clinical curriculum, at least once per month, for all students in year 1 and 2. This one-on-one experience will provide an opportunity for early and meaningful exposure to Family Medicine, and provide a real patient clinical learning environment for students to practice their expanding patient assessment skills and enable them to integrate their accumulating knowledge.
19. Explore and develop further integrated community clerkships.

For Faculty

20. Promote, within faculty, a respectful attitude towards the work of physicians in all disciplines (other than their own) but especially in relation to the work of family physicians to address the hidden curriculum.
21. Create the opportunity for students to comment on the professionalism of their teachers in all formal student feedback surveys.
22. Address student concerns of faculty professionalism, gathered from student feedback surveys, through the Undergraduate Medical Education administration, following Faculty policy.
23. Enhance faculty development activities for all teachers focusing on medical professionalism (including but not restricted to its meaning and how to role model, teach and assess it).

For the Department of Family Medicine

24. Embrace an expanded role in both teaching and leadership in undergraduate education as a strategic priority. To accomplish this, it needs to increase allocation of faculty, staff and financial resources to this role, and to ensure that faculty contributions to undergraduate education are recognized as important educational and leadership activities for both the appointment and promotion of faculty.
25. Focus on recruiting academic and community faculty to meet its strategic priority for undergraduate medical education.
26. Identify key themes for attracting students to Family Medicine as a career. Themes need to be embraced by Department of Family Medicine faculty and staff and be consistent within all departmental activities.
27. Expand its student recruitment and mentoring activities, so that the full spectrum of medical students (from the date of acceptance into and through to graduation from medical school) have full and easy access to the information, contacts (including residents), and exposures they need so that they (1) have a clear understanding of the training, opportunities and roles in the specialty of Family Medicine, and (2) are supported in their decision to pursue Family Medicine as a career.

28. Enhance its support for students to access educational opportunities - mandatory, elective, and informal - to ensure students know the key point(s) of contact, have access to a variety of helpful information and supportive materials, and have their requests processed in a timely fashion.
29. Enhance its support for community faculty who teach to ensure they know the key point(s) of contact, have access to a variety of helpful information and supportive materials, have easy access to the faculty development they need, and get responses to their questions and concerns in a timely fashion.
30. Continue to advocate for and strengthen support for student interest groups focused on Family Medicine.

Final Comments

The recommendations in this document are a comprehensive package from which “cherry picking” must not occur.

These initiatives will require the development of a strategic implementation plan based on close collaboration between Undergraduate Medical Education, the Department of Family Medicine and other departments and groups as needed. In some cases, a staged implementation may be required to ensure the educational experiences are of high quality at all times.

Undoubtedly additional changes in the undergraduate education curriculum and the larger educational environment will occur over time with the result that some of the recommendations no longer fit the circumstances. Nevertheless, in these instances, the underlying principles of the recommendations should be pursued through measures that fit with the educational environment of the day.

A long term evaluation strategy needs be put in place to monitor the success of the implementation of the recommendations and the goal of having 50% of our graduates pursue Family Medicine by 2013 (and beyond) in meeting the needs of the citizens of our province.

Taskforce Representatives



Keith Brownell MD FRCPC (Chair)



Adam Bryant Class of 2011


Sylvain Goderre MD FRCPC


Eric Jablonski Class of 2010


Amber Jorgensen Class of 2011



David Keegan MD CCFP(EM)

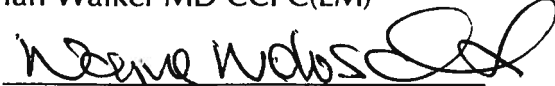

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APPENDIX TO REPORT

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